

 <p>United States Environmental Protection Agency Washington, DC 20460</p>	X	Registration	OPP Identifier Number
		Amendment	
		Other	

Application for Pesticide - Section I

1. Company/Product Number 42750-370	2. EPA Product Manager Jaquelyn Herrick	3. Proposed Classification <input checked="" type="checkbox"/> None Restricted
4. Company/Product (Name) Albaugh LLC/ Bifenthrin Technical	PM# 3	
5. Name and Address of Applicant (Include Zip Code) Albaugh LLC 1525 NE 36 th St Ankeny, IA 50021 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name:

Section - II


<input checked="" type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.
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Explanation: Use additional page(s) if necessary. (For Section I and Section II.)
PRIA R351 – CSF Amendment for new sources of TGAI

Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt. container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) HDPE lined bags
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container Bulk	5. Location of Label Directions <input checked="" type="checkbox"/> Attached to container <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled </div> <div> <input type="checkbox"/> Other _____ </div> </div>			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Rachel L Hardie	Title Agent for Albaugh LLC	Telephone No. (Include Area Code) (302) 635-7289 (rachel@wagnerreg.com)	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Agent		
4. Typed Name Rachel L Hardie	5. Date October 7, 2020		